NEW PURCHASER'S REQUEST TO RECONVENE THE KING COUNTY BOARD OF APPEALS/EQUALIZATION

{WAC 458-14-127 (1)©}

Account (Parcel) No			
Purchase Price \$ _		Assessed Value \$	
Purchase Date	(Date Recorded)		
•	_	g County Board of Equalizataxes payable in	ation to consider my
purchased the property at	fter July 1 and p	petition by the filing deadling rior to December 31 of the the assessed value, and the second to the second to the second to the second the second to the second the second to the second t	assessment year.
Attached are duplicate of	copies of my pe	etition form.	
Name of Owner (Print)		Name of Agent (Who will rep	resent me - Print)
Street Address or Box No.		Street Address Or Box No.	
City, State Zip		City, State Zip	
Daytime Phone		Daytime Phone	
Signature of Owner		Signature of Agent	
orginature or Owner	Date	orginature of Agent	Date

NOTE: This form and attachments must be filed by April 30th of the tax year

500 Fourth Avenue, Suite 510 Seattle WA 98104-2306 (206) 296-3496 (TDD: 206 296-1024)

All BOE forms available in alternate format upon request